

Retiree Membership Application 2008-09 School Year

KTRS Retiree Returning to a KTRS Covered Position

PART I * RETIREE INFORMATION

Read accompanying instructions before completing.

KTRS Retiree Returning to a KTRS Covered Position (**Do Not Use For Waivers**, use Form 29)

First	Middle	Last Name	Social Security Number
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Member's Date of Birth ____/____/____ Sex: <input type="checkbox"/> F <input type="checkbox"/> M <div style="text-align: right; font-size: small;">Month Day Year</div>			
Spouse's Name		Spouse's Date of Birth ____/____/____ <div style="text-align: right; font-size: small;">Month Day Year</div>	

Member's Mailing Address _____
 City/State/ZIP _____ Phone: ____/____/____

Be sure all applicable blanks are filled in - This form may be duplicated.
KTRS' copy must have ORIGINAL SIGNATURE.

PART II * BENEFICIARY INFORMATION

In the event of my death, I direct the Board of Trustees of the Teachers' Retirement System of the State of Kentucky to pay the proceeds of my account to the person or persons named below. If you are married, your spouse must sign below. **(Please do not leave this section blank.)**

If no Beneficiary, write "Estate" or "None"

I understand that this designation DOES NOT change the beneficiary designation of any other account from which I am receiving KTRS benefits. _____ **Retiree MUST Initial.**

1.	Name of Primary or Co-Beneficiary _____	Relation _____	Address _____
	Beneficiary's Social Security Number _____	City/State/ZIP _____	
2.	<input type="checkbox"/> Co-beneficiary OR <input type="checkbox"/> Contingent Beneficiary (MUST CHECK <u>ONE</u> & <u>ONLY ONE</u> BOX)		
	Name of Co or Contingent Beneficiary _____	Relation _____	Address _____
	Beneficiary's Social Security Number _____	City/State/ZIP _____	

As spouse of this membership applicant, I acknowledge that I am aware of the above Beneficiary Designation as well as any available benefits that I am or am not entitled to receive at the time of the applicant's death.

Signature of Spouse (MUST SIGN If MARRIED)

PART III * RETURN TO WORK ELECTION

I am returning to work in the following Program: Must Choose One, (1% & 3% must be KTRS approved.)

<input type="checkbox"/> Part-time Program <ul style="list-style-type: none">• Also used for Substituting• Break in service and Daily -Wage Threshold (DWT) required• Work less than .70 of the school year• See Instructions	<input type="checkbox"/> 3% Full-time Program <ul style="list-style-type: none">• Break in service and Daily Wage Threshold required• Work .70 or more of the school year• See Instructions	<input type="checkbox"/> 1% Program CRITICAL SHORTAGE <ul style="list-style-type: none">• Full-time or Part-time• Break in service applies• Waiver of DWT• Cost to employer is 10.2%
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From which school district/agency did you retire? _____

NOTE: The only mid-year change permitted is to move into a Waiver position or the Full-time Program. Use Form 29 for Waiver or Form F-1 RET for Full-time.

You are responsible for meeting your Break in Service and staying within your Daily Wage Threshold if you are working in the Part-time or Full-time Programs. Call KTRS if you have questions.

PART IV * MEMBER'S AFFIDAVIT

I swear or affirm that the statements I have made on this form are true, correct, and complete to the best of my knowledge and that the beneficiary designation is to remain in force until changed by me or changed by marriage or divorce as required in KRS 161.480.

Signature of **MEMBER** _____

Signature of **WITNESS** _____ Date _____

Member's signature must be witnessed by an individual that has personal knowledge of the Member but is not related to the Member by blood or marriage.

This form is not acceptable if it is incomplete. **ALL BLANKS MUST BE COMPLETED.**

PART V * EMPLOYER INFORMATION & CERTIFICATION

****MUST BE COMPLETED BEFORE SENDING TO KTRS****

I certify that the applicant herein named in this application is employed in a Kentucky Teachers' Retirement System covered position, as specified in KRS 161, **in the above Program indicated by the employee**, in the following way:

☐ **Contractual** ☐ **NON-Contractual**

☐ **Check this box if ... This Full-time/Part-time retired employee is to be included in the 1% that is exempt from a Daily Wage Threshold (DWT) and as the employer, we will remit the additional 10.2% to KTRS on Form R-1.**

If employee is eligible for your State Health Insurance, this Health Insurance will be effective _____ 1st, 20____

Title or Position: _____

Employment began /first day worked _____

Full year service credit = 187 days _____

Daily Rate of Pay (Only **Daily** rate) _____

Only change if more than 187

District/Agency _____

Signature of System/ Agency Designee, also print your name

Designee Phone Number _____

Date of Signature _____

FOR KTRS USE ONLY

____ Critical Shortage
____ Part-Time/Substitute
____ Full-Time

Break in Service
from last day of _____ Met
pre-retirement service _____ Not Met

DWT \$ _____
Daily Wage Threshold
Retirement Date _____

INSTRUCTIONS for 2008-2009
(only this form will be accepted)

For Completing the

RETIREE MEMBERSHIP APPLICATION
KTRS Retiree Returning to a KTRS Covered Position

*It is important that you carefully read the instructions before completion of this form.
(For questions concerning this form, please call KTRS.)*

PART I * RETIREE INFORMATION

Use your full name, not initials. The name provided should be the same as the name used by your employer. Dates of birth should be numerically listed (08/10/1975). Address should be a permanent address. Any **future change** of name or address must be in **writing** to KTRS.

PART II * BENEFICIARY DESIGNATION

For more than one beneficiary indicate Co-beneficiary or Contingent beneficiary. **Naming a second beneficiary is optional.** Check to assure accuracy of social security numbers. Your application must be received by KTRS before any beneficiary designation is in effect.

*** PART III * RETURN TO WORK ELECTION**

Please answer questions as indicated. **Please note that **Substitutes** are in the Part-time Program.*

**THE NUMBER OF DAYS THAT MAY BE WORKED IN PART-TIME OR SUBSTITUTE
POSITIONS WILL BE PRORATED DURING THE INITIAL YEAR OF RETIREMENT FOR
PERSONS RETIRING AFTER JULY 1 OF ANY YEAR.**

*** PART IV * MEMBER'S AFFIDAVIT**

The member and witness signatures on the form are required before the account is established. After completion of Parts I through IV, **return this form to your employer for completion.**

*** PART V * TO BE COMPLETED BY EMPLOYER**
EMPLOYER INFORMATION & VERIFICATION

Mail the application to KTRS within ten (10) days of the **member's first service** covered by this application. **Do not mail an application until the retiree has worked their first day.**
Show the 1st date worked in part 5. Full year must be 185 or more. (Any questions, call KTRS.)

CONTRACTUAL

You have hired the retiree for a
certain number of days or hours
in the school year.

NON-CONTRACTUAL

You have hired the retiree
to come when called to
perform a job.